



APPLICATION FOR SEARCH AND CERTIFIED COPY OF DEATH RECORD

State Form 49606 (R / 6-03)

Approved by State Board of Accounts, 2003

INDIANA STATE DEPARTMENT OF HEALTH

DEATH RECORDS IN THE STATE VITAL STATISTICS' OFFICE BEGIN WITH 1900. Prior to 1900, records of death are filed **ONLY** with the local health department in the county where the death actually occurred. For deaths occurring from 1900 to 1917, the city and/or county of death is required in order to locate the record.

FEES ARE ESTABLISHED BY LAW (IC 16-37-1-11). Each search for a record costs \$8.00. The fee is non-refundable. Included in one search is a 5-year period; the reported year of death and, if the record is not found in that year, the 2 years before and after. For records prior to 1917, the search covers a 5-year period and only one county. A certified copy of the record, if found, is included in the search fee. Additional copies of the same record purchased at the same time are \$4.00 each.

IDENTIFICATION IS REQUIRED according to IC 16-37-1-7, (i.e., *photocopy of driver's license, work identification card, etc.*) . **DO NOT SEND ORIGINALS IN THE MAIL.** Death records requests sent without proper identification will be sent back to the requester without processing. Please complete all items below as required pursuant to IC 16-37-1-10 (a):

Name of deceased *		Stillborn? <input type="checkbox"/> Yes <input type="checkbox"/> No
* (If decedent was a married, divorced, or widowed woman, ISDH must have her legal name at the time of death. Please do not give the maiden name of a woman who changed her name by marriage during her lifetime.)		
Date of death		
City of death	County of death	
Total certificates	Total fee(s)	
Delivery preference: <input type="checkbox"/> Regular Mail <input type="checkbox"/> Federal Express (requires an additional Fed Ex fee) <input type="checkbox"/> Pickup <input type="checkbox"/> Customer Waiting		
Date of birth of deceased (if known)		
Name of father	Maiden name of mother	
Your relationship to the person named on this record		
Purpose for which the record is to be used		
Signature of applicant		
Printed name of applicant		
Mailing address (number and street, city, state, ZIP code)		
Daytime telephone number (including area code)	Today's date (month, day, year)	
Send this application, check or money order payable to the Indiana State Department of Health, and a copy of your identification to: Vital Statistics, Indiana State Department of Health, PO Box 7125, Indianapolis, IN 46206-7125.		

FOR OFFICE USE ONLY

Date received (month, day, year)	Receipt number	Volume number
Certificate number	Application number	Initials of verifier

IC 16-37-1-10 ALLOWS THE STATE REGISTRAR TO ISSUE A CERTIFICATION OF BIRTH, DEATH, OR STILLBIRTH REGISTRATION UPON REQUEST BY ANY PERSON ONLY IF THE STATE REGISTRAR IS SATISFIED THAT THE APPLICANT HAS A DIRECT INTEREST IN THE MATTER; OR THAT THE CERTIFICATE IS NECESSARY FOR THE DETERMINATION OF PERSONAL OR PROPERTY RIGHTS OR FOR COMPLIANCE WITH STATE OR FEDERAL LAW.

The following individuals are considered to have a direct interest and are eligible to receive a copy of a death certificate:

1. Parents
2. Spouse / Life Partner
3. Adult Children
4. Grandparents
5. Siblings
6. Aunts / Uncles
7. Direct Descendents (*Grandchildren, Great-grandchildren, etc.*)
8. Children of Aunts / Uncles
7. Other family members *

* Other family members may include cousins. Distant relatives will only be issued copies of the death certificate with the approval of the State Registrar and / or designee unless the record is 75 years old.